



Tularemia

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____
LHJ Cluster Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation start date: ____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: ____

☐ ☐ ☐ ☐ **Abdominal cramps or pain**

☐ ☐ ☐ ☐ **Vomiting**

☐ ☐ ☐ ☐ **Fever** Highest measured temp: ____ °F

Type: ☐ Oral ☐ Rectal ☐ Other: ____ ☐ Unk

☐ ☐ ☐ ☐ Headache

☐ ☐ ☐ ☐ **Conjunctivitis**

☐ ☐ ☐ ☐ Sore throat or pharyngitis

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Bacteremia**

☐ ☐ ☐ ☐ **Sepsis syndrome**

☐ ☐ ☐ ☐ **Pneumonia**

X-ray result: ☐ P ☐ N ☐ I ☐ O ☐ NT

☐ ☐ ☐ ☐ **Pleural disease**

☐ ☐ ☐ ☐ **Preauricular lymphadenopathy**

☐ ☐ ☐ ☐ **Regional lymphadenitis**

☐ ☐ ☐ ☐ Cervical lymphadenitis with pharyngitis, stomatitis, or tonsillitis

☐ ☐ ☐ ☐ **Cutaneous ulcer**

P = Positive
N = Negative
I = Indeterminate
O = Other
NT = Not Tested

Laboratory

Collection date ____/____/____

Source _____

P N I O NT

☐ ☐ ☐ ☐ ☐ ***F. tularensis* fluorescent assay in a clinical specimen (indicates presumptive infection)**

☐ ☐ ☐ ☐ ☐ ***F. tularensis* antibodies elevated but < 4-fold rise and no prior tularemia vaccination (indicates presumptive infection)**

☐ ☐ ☐ ☐ ☐ ***F. tularensis* culture (clinical specimen)**

☐ ☐ ☐ ☐ ☐ ***F. tularensis* antibodies with ≥ 4-fold rise (serum pair)**

☐ ☐ ☐ ☐ ☐ ***F. tularensis* nucleic acid detection (PCR)**

☐ ☐ ☐ ☐ ☐ Animal submitted for tularemia testing

Animal test results:

☐ Positive ☐ Negative ☐ Indeterminate

☐ Not testable ☐ Unk

Lab submitted to: _____

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ **Hospitalized for this illness**

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ **Died from illness** Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

Days from onset:

Exposure period

-14 -1

o
n
s
e
t

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____

Y N DK NA

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ Attended social gatherings or crowded setting
☐ ☐ ☐ ☐ Employed in laboratory
☐ ☐ ☐ ☐ Exposed to domestic or wild rabbit
☐ ☐ ☐ ☐ Hunted or skinned animals
☐ ☐ ☐ ☐ Wildlife or wild animal exposure
☐ ☐ ☐ ☐ Other exposure to animal or bird
Specify: _____
☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
Specify animal: _____

Y N DK NA

☐ ☐ ☐ ☐ Insect or tick bite
☐ Deer fly ☐ Mosquito ☐ Tick ☐ Unk
Location of insect or tick exposure
☐ WA county ☐ Other state ☐ Other country
☐ Multiple exposures ☐ Unk
Date: ____/____/____
☐ ☐ ☐ ☐ Source of drinking water known
☐ Individual well ☐ Shared well
☐ Public water system ☐ Bottled water
☐ Other: _____
☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)
☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)
☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)
☐ ☐ ☐ ☐ Inhalation of dust from soil, grain, or hay

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: _____

☐ **No risk factors or exposures could be identified**

☐ **Patient could not be interviewed**

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset? Date: ____/____/____
Agency and location: _____
Specify type of donation: _____
☐ ☐ ☐ ☐ Potential bioterrorism exposure

PUBLIC HEALTH ACTIONS

☐ Notify blood or tissue bank
☐ Follow-up/prophylaxis of laboratorians exposed to specimen
☐ Other, specify: _____

NOTES

Investigator _____

Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____